



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Survey of the Characteristics and Funding of School Mental Health Services 2002-2003

District Questionnaire

Endorsed by

American Counseling Association
National Association of School Psychologists
National Association of Social Workers
National Association of State Directors of Special Education
UCLA School Mental Health Project
University of Maryland-Baltimore Center for Mental Health Assistance

Reviewed and Approved by

The Education Information Advisory Committee of the Council of Chief State School Officers

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information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0241. Approval expires 10/31/2005.

The focus of this survey is on mental health interventions for students in your district. The following definitions are furnished for your convenience:

- **Mental health interventions** are defined as services and supports delivered to individual students who have been referred and identified as having psychosocial or mental health problems.

When answering questions about these mental health services, please include:

- Mental health services for all students, both special education and general education students.
- Mental health services supported by your district, both those provided directly by the district or schools, and those provided by community-based organizations with which your district or schools have a contractual or formal agreement;
- Mental health services delivered in district/school settings and in community settings, if provided through contract or formal agreements;
- Mental health services delivered by mental health staff (whether they are school-based, district-based, or community-based staff) if provided by organizations or providers with which the school or district has a formal agreement for services.

Instructions:

- ☐ All questions refer to the current school year, unless otherwise specified.
- ☐ Return your questionnaire in the envelope provided to:

ABT ASSOCIATES INC.
Attn: Survey of School Mental Health Services
55 Wheeler Street
Cambridge, MA 02138-9972

If you have any questions about this questionnaire, please call the toll-free number at 1-866-373-1024 or email at: SchoolMH@abtassoc.com.

We would like to know how your district is organized to deliver mental health services to students. In particular, we are interested in whether your system for providing mental health services includes services for all students, both general education and special education students, or whether you have separate systems, one for general education students and one for special education students.

1. Which students receive district-supported mental health services?

- ☐₁ All students 9/
- ☐₂ Special Education students only

2. Where is administrative responsibility for district-supported student mental health services located? [Check all that apply].

- ☐₁ At the school district 10/
- ☐₂ At an Intermediate Unit, or Collaborative or Cooperative - An administrative unit smaller than the state which exists primarily to provide consultative, advisory, administrative, or statistical services to local education agencies, or to exercise regulatory functions over local education agencies. It may operate schools and contract for school services. Where there is a supervisory union board, the union is included as an intermediate unit. 11/
- ☐₃ Each school administers its own mental health services 12/
- ☐₄ No unit has administrative responsibility 13/
- ☐₉₅ Other (Please describe) 16-17/ _____ 14-15/

18-19/

3. Are services for general education and special education students administered together by one unit or staff or separately by different units or staff?

- ☐₁ Together 20/
- ☐₂ Separately
- ☐₃ No unit has administrative responsibility

4. Which of the following statement(s) describe the arrangement for staffing mental health services for students in your district? [Check all that apply].

☐₁ Mental health staff are **school-based** (i.e. each staff person is assigned to an individual school and works only in that school). 21/

☐₂ Mental health staff are **district-based** (i.e. each staff person is assigned to the district and travels to different schools to provide mental health services). 22/

☐₃ Schools or clusters of schools determine what combination of staff meet their needs and assign staff accordingly. 23/

☐₄ District operates a mental health unit or clinic that serves multiple schools. 24/

☐₅ Mental health staff are provided through contracts with outside providers. 25/

☐₉₅ Other arrangements. Please describe: 28-29/ 30-31/ 26-27/

5. Are mental health services in your district budgeted separately from other education expenditures?

☐₁ Yes 32/

☐₂ No

6. Are mental health services for special education students budgeted separately from those for other students?

☐₁ Yes 33/

☐₂ No

☐₃ Not Applicable

7. The next series of questions ask about the sources of funding used to support mental health services for the students in your district.

In the first column please check either “YES” or “NO” to indicate whether or not your district uses the source for mental health services. For each funding source used, check if used for prevention activities, intervention activities or both.

		Is source used for mental health services?		If Yes - Check if source used for...	
		Yes	No	Prevention Activities?	Intervention Activities?
Federal sources	a. Individuals with Disabilities Education Act (IDEA)	<input type="checkbox"/> ₁ 34/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 35/	<input type="checkbox"/> ₂ 36/
	b. Title I	<input type="checkbox"/> ₁ 37/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 38/	<input type="checkbox"/> ₂ 39/
	c. Community Mental Health Services Block Grant	<input type="checkbox"/> ₁ 40/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 41/	<input type="checkbox"/> ₂ 42/
	d. Title IV - Safe & Drug-Free Schools and Communities	<input type="checkbox"/> ₁ 43/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 44/	<input type="checkbox"/> ₂ 45/
	e. Safe Schools, Healthy Students Initiative	<input type="checkbox"/> ₁ 46/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 47/	<input type="checkbox"/> ₂ 48/
State sources	f. State Special Education Funds	<input type="checkbox"/> ₁ 49/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 50/	<input type="checkbox"/> ₂ 51/
	g. State General Fund	<input type="checkbox"/> ₁ 52/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 53/	<input type="checkbox"/> ₂ 54/
	h. Tobacco Tax or Settlement	<input type="checkbox"/> ₁ 55/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 56/	<input type="checkbox"/> ₂ 57/
	i. Lottery funds	<input type="checkbox"/> ₁ 58/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 59/	<input type="checkbox"/> ₂ 60/
Local sources	j. Local funds (taxes)	<input type="checkbox"/> ₁ 61/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 62/	<input type="checkbox"/> ₂ 63/
Service Reimbursement	k. Medicaid reimbursement	<input type="checkbox"/> ₁ 64/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 65/	<input type="checkbox"/> ₂ 66/
	l. Third party payments (e.g. private health insurance, Tri-care)	<input type="checkbox"/> ₁ 67/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 68/	<input type="checkbox"/> ₂ 69/
	m. SCHIP	<input type="checkbox"/> ₁ 70/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 71/	<input type="checkbox"/> ₂ 72/
	n. Self-pay	<input type="checkbox"/> ₁ 73/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 74/	<input type="checkbox"/> ₂ 75/
Private revenue sources	o. Private foundation grants (e.g. Robert Wood Johnson Foundation, Casey Grant)	<input type="checkbox"/> ₁ 76/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 77/	<input type="checkbox"/> ₂ 78/
Other	p. Other source of funding (Please describe) _____	<input type="checkbox"/> ₁ 81/	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁ 82/	<input type="checkbox"/> ₂ 83/
	_____ 79-80/				

8. Of the sources listed below, please check which 5 are the top sources used for funding mental health services.

<input type="checkbox"/> ₁	Individuals with Disabilities Education Act (IDEA)	84/
<input type="checkbox"/> ₂	Title I	85/
<input type="checkbox"/> ₃	Community Mental Health Services Block Grant	86/
<input type="checkbox"/> ₄	Title IV - Safe & Drug-Free Schools and Communities	87/
<input type="checkbox"/> ₅	Safe Schools, Healthy Students Initiative	88/
<input type="checkbox"/> ₆	State Special Education Funds	89/
<input type="checkbox"/> ₇	State General Fund	90/
<input type="checkbox"/> ₈	Tobacco Tax or Settlement	91/
<input type="checkbox"/> ₉	Lottery funds	92/
<input type="checkbox"/> ₁₀	Local funds (taxes)	93-94/
<input type="checkbox"/> ₁₁	Medicaid reimbursement	95-96/
<input type="checkbox"/> ₁₂	Third party payments (e.g. private health insurance, Tri-care)	97-98/
<input type="checkbox"/> ₁₃	SCHIP	99-100/
<input type="checkbox"/> ₁₄	Self-pay	101-102/
<input type="checkbox"/> ₁₅	Private foundation grants (e.g. Robert Wood Johnson Foundation, Casey Grant)	103-104/
<input type="checkbox"/> ₉₅	Other sources of funding (Please describe) _____	107-108/ 105-106/
		109-110/

9. Of your total expenditures for mental health services for all students, please estimate what percentage is allocated to each of the following. For each category not funded, enter a '0'. All sources combined should total 100%.

a. Administrative overhead	_____ %	111-113/
b. Salaries for mental health staff	_____ %	114-116/
c. Contracts with community organizations or providers to provide MH services	_____ %	117-119/
d. Technical assistance, professional development and training	_____ %	120-122/
e. Other (Please <u>list</u> major categories)	_____ %	123-125/
_____		126-127/
		128-129/
		130-131/
		132-137/BLANK

Total = 100%

10. How are mental health resources directed to students in your district? [Check all that apply]

- ☐₁ On a per pupil basis (based on student enrollment) 138/
☐₂ Targeted to schools based on mental health needs of students 139/
☐₃ Resources are equally distributed to schools (regardless of size) 140/
☐₉₅ Other (Please describe) _____ 141-142/
143-144/

11. To what extent do the following restrictions impede the delivery and coordination of mental health services for students in your district?

(Check only one box on each line)

Restrictions imposed by funding sources

- | | Not at
all | Minor
extent | Moderate
extent | Major
extent | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|------|
| a. Restrictions on the location in which mental health services can be provided (on-site vs. in the community) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 145/ |
| b. Restrictions on types of mental health services provided | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 146/ |
| c. Restrictions on types of staff who can provide services | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 147/ |
| d. Limitations on the providers considered eligible to provide service | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 148/ |
| e. Limitations on the number of sessions or duration of mental health services | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 149/ |

Other funding obstacles

150/ blank

- | | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|------|
| f. Complexities of using multiple funding sources to fund mental health positions or programs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 151/ |
| g. Lack of administrative support for 3 rd party billing for third party reimbursement | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 152/ |
| h. Insufficient community mental health resources | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 153/ |
| i. Competing priorities for use of funds (e.g. focus on improving academic achievement) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 154/ |
| j. Restrictions with insurance and HMOs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 155/ |

11. To what extent do the following restrictions impede the delivery and coordination of mental health services for students in your district?

(Check only one box on each line)

Other Obstacles

	Not at all	Minor extent	Moderate extent	Major extent	
k. Barriers involving parents or guardians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	156/
l. Resistance from non-mental health school or district staff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	157/
m. Resistance from community	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	158/
n. Other obstacles (Please describe)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	159/
_____					160-161/
_____					162-163/

12. Since the beginning of the 2000-2001 school year, what has happened to the level of funding for mental health services for general education students in your district? (Check only one box)

- ☐₁ Decreased 164/
- ☐₂ Remained the Same
- ☐₃ Increased
- ☐₄ Not Applicable

13. Since the beginning of the 2000-2001 school year, what has happened to the need of general education students for mental health services in your district? (Check only one box)

- ☐₁ Decreased 165/
- ☐₂ Remained the Same
- ☐₃ Increased
- ☐₄ Not Applicable

14. Since the beginning of the 2000-2001 school year, how has the provision of mental health services for general education students in your district changed in each of the following areas? (Check only one box on each line)

	Decreased	Remained the same	Increased	Not applicable	
a. Number of mental health staff has:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	166/
b. Number of general education students served has:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	167/
c. Range of mental health services offered has:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	168/
d. Professional development and training have:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	169/
e. Referrals to community-based providers have:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	170/
f. Availability of community-based providers to deliver services to students has:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	171/
g. Outreach to parents has:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	172/
h. Other (Please describe)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	173/
_____					174-175/ 176-177/

15. Please provide the name, title and contact information of the person who completed this survey.

- a. Name: _____ 178-207/
- b. Title: _____ 208-257/
- c. Phone: _____ 258-267/
268-271/
- d. E-mail: _____ 272-321/

16. If more than one person helped to complete this survey, please indicate who did.

- ☐₁ Superintendent 322/
- ☐₂ Assistant Superintendent 323/
- ☐₃ Director of Psychological, Mental Health Services or Student Support Services 324/
- ☐₉₅ Other, please provide title _____ 325-326/
327-328/
329-330/

17. If you have any comments you would like to make about this survey or about funding mental health services, please use the space below.

_____ 331-332/

_____ 333-334/

_____ 335-336/

Thank you very much for completing this survey!

RETURN COMPLETED QUESTIONNAIRE IN THE ENVELOPE PROVIDED TO:

**ABT ASSOCIATES INC.
Attn: Survey of School Mental Health Services
55 Wheeler Street
Cambridge, MA 02138**